

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: VI-107 PATIENT/FAMILY EDUCATION	POLICY #: 1144
	VERSION: 1
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DATE APPROVED: 06/28/2016	

PURPOSE: To provide guidelines for the Ambulatory Surgical Center (ASC) nursing staff involved in patient/family education.

POLICY: All patients scheduled for a surgical/invasive procedure will receive peri-operative teaching.

PROCEDURE:

A. PRE-OPERATIVE

1. Peri-operative nursing education of patients and family will begin at the time of the Pre-Anesthesia Evaluation Unit visit (anesthesia evaluation).
2. Instructions related to the procedure will be given including, but not be limited to:
 - a. Arrival time for surgery
 - b. NPO instructions prior to procedure
 - c. Instructions on how and when to take prescribed medications as indicated by anesthesia provider.
 - d. Avoidance of alcohol or smoking for 48 hours prior to surgery
 - e. Requirement of having a responsible person available to drive patient home.
 - f. Leaving jewelry and other valuables at home
 - g. Bringing case for contact lens and/or dentures with them on the day of surgery
3. Instructions will be given to patients regarding what to expect on the day of surgery, starting from their arrival in Peri-Operative Holding Area (POHA), through the Operating Room (OR), to Post Anesthesia Care Unit (PACU).

B. DAY OF SURGERY (POHA)

1. POHA nurse will validate and reinforce the peri-operative teaching and their understanding of the peri-operative course with patient/families. The nurse will

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answer all pertinent nursing questions from patient and family members and ensures patient's questions are addressed by physician.

2. Documentation in the medical record will be done as well as communication of the patient's emotional and physical status to other appropriate members of the health-care team.

C. POST-OPERATIVE

1. Prior to discharge from phase 2 of recovery period, patient / families responses to surgical intervention will be evaluated to determine effectiveness of teaching.
2. Discharge instructions are initiated when the nurse assesses the patient's readiness to accept and process information to be given.
3. Discharge instructions may include but are not limited to:
 - a. Wound care & Dressing change
 - b. Diet
 - c. Activity
 - d. Medication and pain management
 - e. Follow-up clinic appointment
 - f. Avoiding driving or operating hazardous machinery for 24 hours
 - g. Avoiding alcohol for as long as pain medication is being taken
 - h. Possible dizziness
 - i. Signs, symptoms of post-operative infection or other complications
4. The telephone numbers of the ASC physician surgeon, High Desert Regional Health Center Urgent Care and Emergency Room numbers are provided with instructions to call for any of the following occurrences:
 - a. Redness around stitches
 - b. Swelling
 - c. Elevated temperature (above 100)
 - d. Excessive drainage or bleeding
 - e. Pain not relieved by medication

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- f. Severe nausea or vomiting
 - g. Breathing difficulties
 - h. Allergic reactions such as hives, itching, or shortness of breath
5. Ensure that patient, guardian and/or patient representative verbalize an understanding of discharge instructions.
 6. Give copy of signed discharge instructions to patient, guardian, and/or patient representative; attach copy to the medical record.
 7. Instruct patient, guardian, and/or patient representative to call the phone number printed on the bottom of the follow-up instructions if there are any questions.
 8. Inform patient, guardian, and/or patient representative that a post-op follow-up telephone call should be expected from the POHA nurse within the next 72 hours.

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